## 2006 FOR PROFIT CORPORATION ANNUAL REPORT

SIGNATURE:

## FILED Feb 13, 2006 08:00 AM Secretary of State

|   | Widish's if   |  | <del>,</del> -                | , Secretary of State   |  |
|---|---|--|-------------------------------|--|--|
| 1. Entity Name                          | MENT # P0100000841<br>WELRY, INC.                                     | 4  |                               |  |  |
| Principal Place                         | of Business M   | alling Address                                   |                               |  |  |
| 18861 BISCA<br>AVENTURA, F              | YNE BLVD.   | 8861 BISCAPNE BLVD.<br>IVENTURA, FL 3318U        |                               |  |  |
|   | i .   |  | 1. v & .                      | THE REPORT OF THE LIBRARY BANK SAME SAME SAME AND SAME SAME SAME SAME SAME SAME SAME SAME  |  |
|   | ,<br>   |  | 15 to 1                       |  |  |
| :                                       | A NOT MOTE II   | L TING COA                                       | 0=                            | 01242006 No Chg-P CR2E034 (11/05)  |  |
| Ð                                       | O NOT WRITE II  | N THIS SPA                                       | CE                            | 4. FEI Number Applied For 65-1076304 Not Applicable  |  |
|   |   |  |                               | 5. Certificate of Status Desired   |  |
|   | 6. Name and Address of Current Regis                                  | itered Agent                                     | 4                             |  |  |
|   | MARIA<br>CAYNE BLVD<br>A. FL' 33180                                   | NE BLVD.   |                               | DO NOT WRITE   |  |
| ,,,,,,,,,,,,,,,,,,,,,,,,,,,,,,,,,,,,,,, | 1   |  |                               | IN THIS SPACE  |  |
| 8. The above<br>the obligat             | named entity submits this statement for the jons of registered agent. | purpose of changing its registr                  | ered office or register       | red agent, or both, in the State of Florida. I am familiar with, and accept  |  |
| SIGNATURE                               | Signature, typed or printed name of registered agent and title        | if south able (NOTE Recist                       | stad Agant signatura requirer | ó when reinstating) DATE   |  |
|   |   | T  |                               |  |  |
| After M                                 | E NOWIII FEE IS \$150.00<br>ay 1, 2006 Fee will be \$550.00           | S. Election Campaign Fin Trust Fund Contribution |                               | .00 May Be<br>led to Fees  |  |
| 10.                                     | OFFICERS AND DIRE   | CTOR\$   |                               |  |  |
| TITLE<br>NAME                           | P<br>NEMETS, MARIA  | -  |                               |  |  |
| STREET ADDRESS<br>CITY-ST-ZIP           | 18861 BISCAYNE BLVD.<br>AVENTURA, FL 33180                            |  |                               |  |  |
| TITLE<br>NAME                           | ļ   |  |                               | 1/00000431554<br>02/23/06-80033-012-150.00   |  |
| STREET ADDRESS<br>CITY-ST-ZIP           |   |  | -                             |  |  |
| TITLE<br>NAME                           | 1   |  |                               |  |  |
| STREET ADDRESS                          | 1   | <u> </u>   |                               | DO NOT WRITE   |  |
| TITLE                                   | ;   |  | _[                            |  |  |
| NAME                                    |   | ł<br>!   | 1                             | IN THIS SPACE  |  |
| STREET ADDRESS<br>CITY-ST-ZIP           |   |  |                               |  |  |
| TIFLE                                   |   |  |                               |  |  |
| NAME<br>STREET ADDRESS<br>GITY-ST-ZIP   |   | :  |                               |  |  |
| TITLE                                   |   |  | 1                             |  |  |
| NAME<br>STREET ADDRESS                  |   |  | 1                             |  |  |
| City-St-ZiP                             |   |  | _1                            |  |  |
| 12. I hereby                            | certify that the information supplied with this                       | filing does not qualify for the                  | exemptions contains           | ed in Chapter 119, Florida Statutes, I further certify that the information<br>is same legal effect as if made under oath; that I am an officer or director<br>17, Florida Statutes; and that my name appears in Block 10 or Block 11 if |  |

SIGNING OFFICER OR DIRECTOR